

COULD EDUCATION CONTRIBUTE TO REDUCE PREVALENCE OF HIV
AMONG INJECTING DRUG USERS?
A CASE STUDY OF IDUs FROM THE REHABILITATION CENTER FOR
DRUGS USERS

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LIST OF CONTENT

CHAPTER 1 INTRODUCTION.....	3
Background of the study.....	3
Purpose of the study.....	4
Statement of the problem.....	5
Research questions.....	5
Rationale of the study.....	5
Delimitation of the study.....	6
CHAPTER 2 RESEARCH METHODOLOGY.....	7
Philosophical paradigm.....	7
Theoretical perspectives.....	8
Research methods.....	11
Sources of data.....	11
Research tools and techniques.....	11
Selection of respondents.....	12
Data analysis procedures.....	12
Ethical consideration.....	12
CHAPTER 3 FINDING AND DISCUSSION.....	13
Formal education contribution in reducing prevalence of HIV among IDUs.....	15
Special education contribution in reducing prevalence of HIV among IDUs.....	18
CHAPTER 4 SUMMARY AND IMPLICATIONS.....	28
Summary.....	28
Implication.....	30
NEED FOR FURTHER ANALYSIS.....	31
List of reference.....	32
Interview schedule.....	33
Photograph.....	35
List of figures	
Figure 1: Well structured learning environment.....	8
Figure 2: Theoretical perspective of learning behavior for reducing HIV..	10
Figure 3: Reoccurrence of rehabilitation for both success and failure rate..	25

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CHAPTER 1

INTRODUCTION

Background of the study

Education is a central focus of development to society and the nation. Nations developments largely depend upon education that provide quality outcome to enrich the children with awareness to prevent themselves from wrong doing that affect the entire society and the nation. The most concern of all is the Transmitted Disease (TD) which has become a major concern for both the developed and the developing countries. Among the TD it is the HIV that nation is providing knowledge to prevent the younger children from infection. The best way out for preventing these younger children is by providing knowledge in school about the HIV/AIDs and getting prevented from such infection from ruining the students' life. However, in practice, the school curriculum is structurally designed for the students to achieve the academic success. This, however, does not provide full knowledge regarding HIV/AIDS, despite some health education is included. Most researchers in Nepal believe health education is limited to study of physical organism. They further believe that most HIV is likely to occur through Sexual relationship and drug injecting activities. Research shows that Injecting Drug Users (IDUs) are involved in drug taking activities after they complete their primary and secondary education of schooling.

Major mode of HIV transmission accounts for injecting drug use; this includes the countries like china, Malaysia, and Vietnam where at least half of the HIV

infections are associated with drug injecting. But in central and Eastern Europe and independent state of former Soviet Union, the HIV infection is through the use of contaminated injecting equipment. (href 1). The prevention of spreading HIV among the IDUs according the research finding would be to engage the community and provide IDUs with HIV information and distribute sterile injecting equipment widely. Addition to this, drug education materials about using the injection more safely that reduces the chances of HIV transmission would prominently bring the reduction of prevalence of HIV among the IDUs, but however, this does not explain to promote the drug use. Educating IDU for safe practice of injecting drug would only be possible if community participates to enhance the program, this kind of education is therefore, not provided in formal school curriculum. The productivity of such community based program was enriched when Wei and his research colleagues (2000) found that IDUs had very little knowledge of HIV spread and they were eager to participate in community based program. They further stated that educating IDUs appeared to be useful and reduced the incident of HIV infection. In context to Nepal, majority of HIV transmission is through sexual practice, however, injecting drug also has a significant contribution to HIV transmission.

Purpose of the study

The purpose of the study was to explore that whether the formal education provide awareness to prevent HIV or is it the education provided by the rehabilitation center specially focused on behavioral modification reduces the prevalent of HIV among the IDUs. Based upon these issues, the research purpose also explain the theoretical framework constructed (see figure 2) for the special education provided to the IDUs would change and modify IDUs behavior in becoming a reasoning

decisional rational person further generating knowledge by constructing their mind by cognitive process about reducing prevalence of HIV.

Statement of the problem

HIV is prevalent among IDU by sharing the unsafe injecting materials; however, in addition, HIV is also prevalent due to Sexual Transmission (ST) which is another problem that indicates negative impact to the society and the nation. Family Planning Association of Nepal (2004) stated that almost 40% of the total IDUs are HIV infected not by sharing the injecting equipment but by sexual activities. Therefore, the statement of my research problem is education focused on rehabilitation of behavior changes is not adequate to reduce prevalence of HIV among the injecting drug users.

Research questions

Based upon the problem statement stated for the purpose of my study, some questions were generated to address the issues related to reduce HIV prevalence among IDUs.

1. Has general education (formal curriculum) been able to contribute significantly to reduce the HIV among IDU?
2. Would education provided by the rehabilitation center specially focused on behavioral reshaping be helpful in reducing prevalence of HIV among IDU?

Rationale of the study

Importantly the research study has become very helpful for me in understanding the behavior of the injecting drug users. Moreover, this research specifically studies the learning behavior of the IDUs in reshaping or behavioral

modification which significantly contribute the knowledge to the rehabilitation center. Furthermore, this research study will also provide information to the international organizations that are involved in development aspects. As the study is purely based on the academic purpose, this research will also be useful for other researcher for furthering their studies in this aspect.

Delimitation of the study

While delimiting my research study on educating the IDUs, the major stress was put on the educational practices particularly designed for the IDUs. Despite other relevant educational practice being valued such as sexuality education, my research does not take account of such education. Therefore, the research study only attempts to find the usefulness of educating IDUs in relation to reducing the HIV but not the control of drug uses. This study is mainly focused in the capital city with the organization involved in rehabilitation center for the drug users. Moreover, this research study does not attempt to compare the difference of formal education with the education provided by the rehabilitation center to the IDUs.

CHAPTER 2

RESEARCH METHODOLOGY

Philosophical views

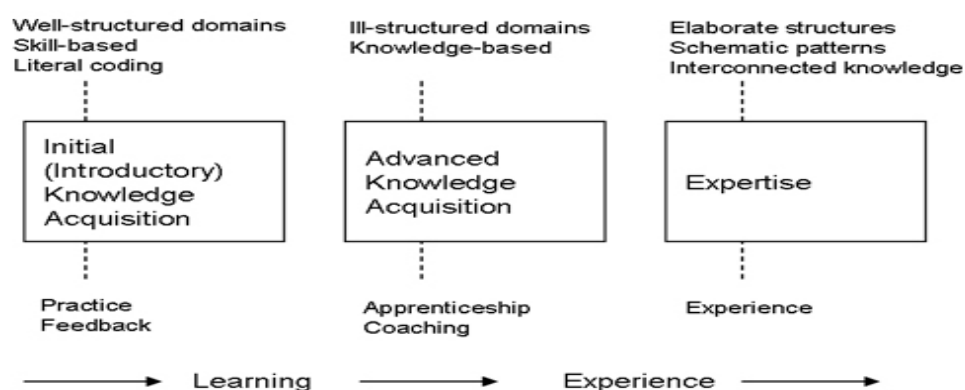
The methodology adopted for the research study was based on the philosophical view of constructivism, which entails understanding, making multiple participant meaning, social and historical construction (Denscombe, 1998). Constructivism's central idea is that human learning is constructed, that learners build new knowledge upon the foundation of previous learning.

Hoover stated two ideas of constructed knowledge. “The first is that learners construct new understandings using what they already know. There is no tabula rasa on which new knowledge is etched. Rather, learners come to learning situations with knowledge gained from previous experience, and that prior knowledge influences what new or modified knowledge they will construct from new learning experiences”. The second notion according to Hoover is that “learning is active rather than passive. Learners confront their understanding in light of what they encounter in the new learning situation. If what learners encounter is inconsistent with their current understanding, their understanding can change to accommodate new experience. Learners remain active throughout this process: they apply current understandings, note relevant elements in new learning experiences, judge the consistency of prior and emerging knowledge, and based on that judgment, they can modify knowledge”.

However, learners may be of different types, the cognitive learning theory suggest that beginner should not be interacted with ill structured learning. The figure

below entails that the beginners first are processed through the well structured learning and further moved to the ill structured learning which built the base for the learner to interact and understand and reduces the cognitive dissonance. The development of cognitive learning process is further moved towards the elaborated structure to make them more experts from practice to becoming experienced.

Figure: 1 "Well-structured" learning environment



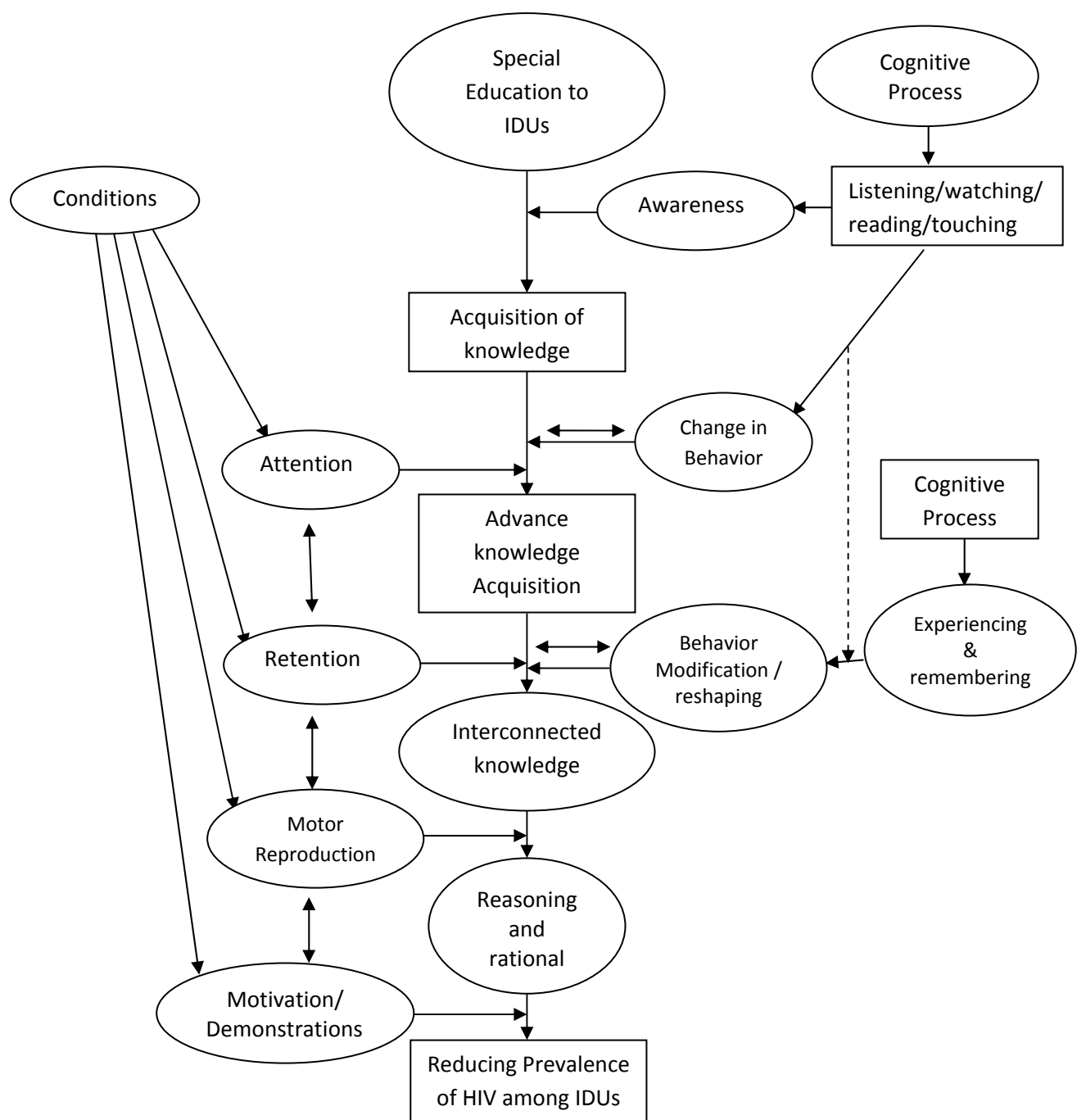
Sources: Jonassen, Mayes, & McAleese, 1993.

In connection to the learning behavior of cognitive learning process, Jonassen et al (1993) stated that well structured learning basically is introduced to the beginners. These beginners are not to be processed through the ill structured learning. The initial stages for learning must begin with the introductory of knowledge acquisition. This will further enhance the learner to ill structured learning and further to elaborate structure. Similarly in connection to educating the IDUs, these people should start with initial introductory to the learning process and simultaneously proceed to further stages rather than start with ill structured learning process. This therefore will initiate the learner to develop cognitive learning behavior which will produce useful of education to reduce the prevalence of HIV among the IDUs.

Theoretical perspective

The theoretical framework (figure: 2) attempts to explain that special education to IDUs will generate awareness by the cognitive learning process leading to acquisition of knowledge. This enhances the change in behavior among the IDUs which makes them attentive from the initial knowledge gained. With such change in behavior, the IDUs is further provided with advance knowledge that would bring about behavioral modification, which is backed up by both cognitive process and cognitive conditions of experience and remembrance to retain the knowledge. Furthermore, interconnected knowledge provides them with additional information about the Transmission Disease (TD) such as HIV and the safe major for getting prevented from it by taking majors in sexual relationship. The cognitive condition enhances the IDUs to motor reproduce the retention knowledge and therefore, makes them rational decisional reasoning person. The cognitive condition of motivation and demonstration further initiate them to demonstrating and follow the learned behavior to reduce the HIV transmission.

Figure: 2. Theoretical perspective of learning behavior for reducing HIV among IDUs



Research Methods

Pursuing the research on educating IDUs were followed by adopting methods of research tools and techniques, analysis procedures and selecting the key respondents to address the research questions.

Sources of data

The data were from primary and secondary sources. The primary data were collected from the key respondents of the Narconon Nepal for Drug rehabilitation and Prevention center. The secondary sources include the theories from international educational web portal.

Research tools and techniques

The appropriate research tool for the research study was based on the interview tools. Interview is an acceptable tool in qualitative paradigm which seeks to address the area where other tools cannot penetrate. In taking consideration of interview tools, semi-structured interview was applied. Semi-structured interview being flexible in nature helped me to explore and address the issues in different manner. For the same, interview schedule were prepared to explore the maximum knowledge to address the issue. The technique for gathering interview data were recorded and transcribed in the computer in word by word basis. Notes were also taken at the time of interview process. The expression of the interviewed were observed and interpreted to give meaning to the data. The transcribed data were organized and coded accordingly on the basis of importance addressing the research questions. Unnecessary data were reduced and discarded which were of no meaning to address the issues.

Selection of respondents

The respondents for the research study were selected from the rehabilitation center organized for the treatment of drugs control for the drug users. Specifically, key informants were the injecting drug users and the trainer of the Rehabilitation center. For mode of triangulation analysis, the evidence of respondents was cross verified.

Data analysis procedures

Analysis of data was carried out by the mode of triangulation. Time triangulation method was applied for this purpose. Time triangulation method include, time, space and person triangulation. Each respondent data were cross verified with other respondents' answers at the same time period of data collection at the same space.

Ethical consideration

While addressing to answer this research study, informants were notified prior to the interview. Prior consent was made to the rehabilitation center through telephonic conversation before the interview mentioning that the research is undertaken for academic purpose. Respondents name has not been included each respondent were given pseudonyms to replace their real name. The pseudonyms are IDU #1 and IDU #2. However, the rehabilitation center name is disclosed upon the consent of the organization approval. Each respondent were given equal opportunity to participate in the research interview. They were all treated with respect, valued and no pressures were put to any respondent if they were not willing to participate.

CHAPTER 3

FINDINGS AND DISCUSSION

This chapter includes the finding and discussion of the research questions to affirm the problem statement. The findings and discussion on this chapter reflects the theoretical perspective of reshaping behavior of IDUs in reducing the prevalence of HIV. Studying the reshaping behavior of IDUs includes two respondents who are both IDU and turned into a becoming a trainer working voluntarily in Narconon Nepal for Drug Prevention and Rehabilitation Center.

Reshaping the behavior of Drug Users (DUs) cannot be done alone by the effort of medical phenomena. It requires proper attentions of experts and rehabilitation center specially designed to cure the disease of drugs addiction. Many of the rehabilitation centers are concentrated in regards to cure and modify the behavior of drug users. However, the result is not always hundred percent. During my research evidence gathering period, I came across many of the NGOs established under rehabilitation center for drug users, most of them denied to cooperate to give interview and most of them only do paper work writing reports. This came to my attention when I approached them through telephone to take prior consent of interview for the research study. Most amazingly, when I came into contact with Norconon Nepal for Drug Prevention and Rehabilitation Center they were positive. Interestingly, my first conversation was with a 23 years of age youthful man who identified himself as a drug users and now turned into a trainer in the same

rehabilitation center. The pseudonym for him is given as IDU # 1. Talking to him, I found the positive vibe of inspiration and confident built within him. He has been in the center for one year and in short period of time he has self managed to turn himself as a trainer in the same center.

During the search for another respondent I was referred to a 37 year of age man who also was a drug user at his time and managed to turn himself as a trainer and serving as the in-charge of the center. His voluntary service at the center reached the tenure of almost three years. His identification as a respondent is given as IDU #2. There was many other volunteer working for the center helping the drug users to modify their behavior, which therefore inspire the drug users to follow these men footstep to reshape their behavior and this is the specialty of Narconon Nepal.

Narconon Nepal for Drug Prevention and Rehabilitation center is located few miles across the city area having pleasant environment suitable for the drug users coming to reshape their behavior. The teaching learning in Narconon Nepal was observed to be very productive in terms of discipline and management undertaking.

My first glance while entering the gate of this organization gave me a reflexive of impression when I saw the Drugs Users (DUs) were given classes in open arena by their respective trainers. Every movement and their concentration towards their studies were again an impressive sight. These DUs were silently concentrating on their respective book designed for the DUs especially. The environment was quite and peaceful.

I was asked to sit on a visiting lounge from where I could have a full glance towards the DUs taking their classes. It seems to me I was not in a rehabilitation center but in a school where students were taking their formal education. More than thirty minutes had passed and I didn't even realize how time passes quickly observing

the DUs studying. Slowly the DUs rose from their respective chair and lined up to move towards the building to eat. The building was the same where I was parking myself and they all had to pass through the waiting lounge. I could observe the DUs confident look on their face. As the study hall was quietly being empty, I found some group of DUs was still having their lesson. I observed it was the meditation they were performing. I then realized how mental capability could be boost up with meditation. This is important for cognitive process of learning.

Formal education contribution in reducing prevalence of HIV among IDUs

Education has always remained a source of light in providing knowledge. However, formal education system in Nepal does not include major curriculum regarding the prevention of Drugs use and HIV lesson. Nevertheless, secondary education does have health education which is not fully enough to providing knowledge about transmission of disease through injecting drug and sexual relationship. These two education stream has become an utmost necessity elements to be included in teaching students to prevent themselves of taking measures from HIV. This is because that I found most of the injecting drug users are high school passed and they are educated enough to acquire knowledge of these deadly infection. However, they know that it is transmitted through sex and injection which they never learned in school but have learned through the sharing partners. In connection to this, respondent number one (IDU #1) who is 23 years of age and was an injecting drug user turned into becoming a trainer in the Narconon Nepal states that “I didn’t learn anything about drug use and HIV in my former formal education. The formal education didn’t help me at all”. In the same line, respondent number two (IDU #2) a 37 years of age, undergoing bachelors in commerce from a private college and now modified his behavior and is an in-charge of the rehabilitation center claims his view

upon the necessity of drug and HIV education in formal education. His view regarding this is

“I never received any education regarding drug education and sexuality education in my former formal education, if I were provided with such education I never would have involved into drugs, there were no one who would come up with saying drug taking is a bad habit”.

This indicates that formal education was particularly based on the academic curriculum and drug taking was considered a taboo. However, if these activities were found in students they would be spelled out from school but never was given counseling. In this connection, IDU #1 speaks “I was involved with different types of drugs in my school days and it further urged me to indulge in injecting drug, this habit of mine was intolerable for the school and the school management decided to throw me out of the school”. This also indicates that learning to indulge into drugs were learned from their friends circle either the school friends or the hometown friends, however, this activities were taken place in school time which further point out that formal education weren't helping students to avoid bad habit like drug taking and taking measures from HIV.

Furthermore IDU #2 asserted with stressful behavior that “there is 100% of necessity required for education that includes drug awareness and knowledge for prevention of HIV. And I still believe nobody will take initiation in this subject that is the reason why I go to school myself and educate the student about the experiences I have had and the training I received which helped me become able from disable. This does not encourage the safe practice but I tell them how I have suffered and spoiled my life span getting indulged in this habit”.

The frequent use of drug taking habit initiates the IDUs to commit activities like stealing, looting, thieving, and even selling their body for drugs and money. This also generates physical violation of human rights. It have come to the understanding that especially female are more involved into sexual activities while indulging into injecting drugs. These female indulging into drugs may not require fulfilling the biological satisfaction of sexual desire and their concentration towards selling their body for sex would lead to multiple sexual partners and ultimately falls into a victim of becoming a HIV infected.

In supporting this view, IDU # 2 firmly states “when female are into drug they have a tendency of selling their body either for drug or the money to buy drug. This leads to involvement of sex activities which possibly will transmit HIV. Had she not involved into drugs she wouldn’t have to sell her body for sex and there is no question of HIV at all. This is why I claim drug is the major source for HIV infection”. In the same connection, the IDU #1 states the experience of sexual experience both safe and unsafe he had during the drug habit. He explains “while I was in drug habit, I have undertaken sexual activities both safe and unsafe. However, I knew that it would transmit HIV but due to intoxication I would not bother about it”. When I ask him about what safe sex is, his reply to me about safe sex was using condom. However, using condom doesn’t have one hundred percent safety guarantee, which I believe most of the IDUs are not aware of it. Intoxication capability have so much of strength of making mental inability to think right that the IDU may not even know if the condoms are inserted as directed to use.

One aspect of IDUs claiming to safe sex may be false due to lack of purchasing power for the contraceptives. Even though they approach for contraceptives to chemist or drug stores they wouldn’t be responded properly due to

their behavior of stealing and thieving. The notions of Nepalese society towards drug taking people are very negative. There are given a different identity namely indicated by “Tabpay” which means person who consume medicine tablets or injection for getting high and intoxication. These tabpay are treated as the worst people in the society and sometime they are bitten and chased away by the community people. The treatment they face from the society makes them scared to interact with normal people.

The consequences after taking injecting drug therefore lead DUs making them incapable in leading their lives in both ways as a drug users and a normal human being. The possibility to reshape their behavior is only through strong determination of willingness and ability to quit drugs that they are indulged with. The reshaping of behavioral and modification can be brought up with the help of Drug rehabilitation center. Nonetheless, had formal education included such awareness and knowledge, most of the youthful adolescent in drug habit would have avoided choosing the habit of drug taking.

Special education contribution in reducing prevalence of HIV among IDUs

This has been understood that formal education alone will not be productive to reduce the prevalence of HIV among IDUs. It requires a special kind of education that will help modify the DUs behavior at the first place. In addition, reshaping the behavior does not also provide adequate knowledge of preventing HIV, moreover, specific program of sexuality education must be included, as the major portion of HIV transmission is due to the occurrence of sexual activities with multiple partners. The sexuality education therefore has been felt necessary to be included as an initial phase that should reflect the knowledge of HIV and its measures to be taken by using temporary and permanent contraceptives in both male and female. Contraceptives is

not only the measures that account for reducing HIV, moreover, special education that provide knowledge about HIV through the means of IDU education and sexuality education is necessary.

Specially, when education for drug user is concern, it is most sensitive and difficult task for the rehabilitation center. Sensitivity in terms of providing structured knowledge about safe practice of injection although not encouraging drug but also controlling it. It is difficult in terms of enriching the mental development of the IDUs through cognitive process. In regards to difficult in cognitive learning process IDU #2 states that drug user's capability of learning is very worst. He even admits that his learning behavior was worst when he was involved into injecting drug.

The learning behaviors of IDUs are developed by the systematic process of rehabilitation. It was explored that when drug user are admitted to the Narconon Nepal, they are put to withdrawal stage for withdrawing their habit of drug taking. In this stage DUs are not provided any kinds of drugs, this would be painful to the DUs, however, they are provided with special massage and relaxing environment to ease themselves of pain occurred from insufficient drug intake. Philosophical view constructivism suggested by Denscombe (1998), it is a process of understanding, and making multiple meaning while learning process is concerned backed up by cognitive process of learning to resist drug by developing mentally and physically. In connection to this, IDUs processed for withdrawal stages encounter different situation of mental and physical lethargy, in addition they construct to understand the new experiences, make meaning of the situation and finally tend to modify their behavior that was acquired from the past drug taking experienced. In the withdrawal stage, the DUs built immune to resist drug and therefore will construct a mental understanding capability. Mental capability is important factor for everyone to start a healthy living

most of all it is important to develop a mental ability for the DUs to enhance their rehabilitation training.

In supporting this view of mental and physical capability, IDU # 1 state “First I was sent to withdrawal stage. This period last for six to sixteen days that depend upon how fast one can withdraw drug. It took me six days. There are people who have undergone this stage for sixteen days also. While in withdrawal stage we are provided with enough vitamins and minerals that are deficiency in the body which helps fight against drug and built immunity to fight against it. This as well develops our mental and physical capability to learn. After one completes this stage they are equipped with course lecture designed for the DUs”.

In addition, Narconon Nepal do not provide drug or teach safe practice of injecting. In explaining about drug control, IDU #1 further states that “drug users are not given drugs to change themselves. Drug control are not done by providing doses of drug here, rather they are kept away from anything that are intoxicated”. Moreover the success rate of Narconon Nepal about modifying the behavior of drug users is sixty-four percent of the total 105 drug users population who joins a rehabilitation center as students. Sixty percent is the success rate and the rest forty percent are those who go back to the same drug habit. In this regard IDU #2 explains

“I was brought here when I was high, when I opened my eye the next morning I found myself here in the rehabilitation center. It was painful for me to quit drug but as I was kept in withdrawal stage I was supplemented with vitamins and minerals, it took me ten days. When I was ready for course I met a person who had been admitted here before me and had finished his series of courses. He was sent home and fell victim of injecting drug again. He was again

brought here to rehabilitate and in second time he finally made it. Now he is working abroad”.

Although 40 percent is identified as failure rate, it can be analyzed at least these failure group have acquired knowledge to overcome the cognitive dissonance of practicing unsafe sex as well as injections. Nevertheless, teaching practice of Narconon Nepal is specially designed for the drug users. The courses are designed in series of book one to book eight. According to IDU # 1 “Book one explains the enhancement of capability to quit drug and remain healthy. It also includes developing communication skill. Book two is a special book regarding sauna which entails to eliminate craving of drugs. Book three is about learning improvement course. Unfortunately, we do not have book four. However, book five explains to recognize person behavior from right and wrong as this is important to the DUs to recognize the right person and avoid the wrong person. The wrong people particularly are those who instigate and persuade for drug taking. Book six explains about ethic and principle about being honest and kind. Book seven teaches about normalizing our life by changing condition as situation demands. Finally we have book eight which teaches about satisfying our life and remaining happy with what we hold. This also teaches about having one partner in life time which also includes a small amount about sexuality education”.

The education that rehabilitation center provide to the IDUs are quite impressive and adequately designed to modify their behavior. This has resulted in the high rate of success of reshaping and modifying behavior of IDUs in the Narconan Rehabilitation Center. Taking into consideration of success rate alone, it is understood that involving in drug habit after rehabilitating is eliminated, however, sexual activities is a natural process and a biological urge, this can not be eliminated.

Although book eight for IDUs explains about sexual relationship with one person, it is not adequately enough in imparting full knowledge about transmission disease through sexual activities.

Moreover, behavioral modification may reduce a prevalence of HIV through knowledge received from rehabilitation center, however, if IDUs are infected with HIV prior to rehabilitation the consequences is more likely to transmit HIV even if they choose a single partner as mentioned in the book eight. The prevention for HIV is always a paramount concern while having a sexual relationship. Both the partner must be fully aware about the prevention methods. Furthermore, this would even be more dangerous if they plan for becoming parents. Therefore, special educations for IDUs do not provide the methods of preventing from HIV in their courses, which require an immediate attention. Consequently, this information can only be imparted through implementing sexuality education in the IDUs rehabilitation education program since HIV is concerned.

Nevertheless, Narconon Nepal has put some criteria before admitting the IDUs. The center first examine HIV test in the DUs while admitting in the center. So far it is being claimed that HIV infected IDUs are not present in the center, in the same connection, IDU #1 states that “we don’t have HIV infected DUs here because every DUs are examined for HIV test before the entry to the center, however, it is said that HIV result is not prominent. It is also understood that HIV resulting positive may be known after many months but may not result positive at the time of testing”. Even though HIV is not a paramount concern of the drug rehabilitation center they organize a program for HIV information in collaboration with the social organizations expecting to reduce spread of HIV among the IDUs. This provides knowledge of safe sex practice and getting preventing from HIV. The social organizations are concern

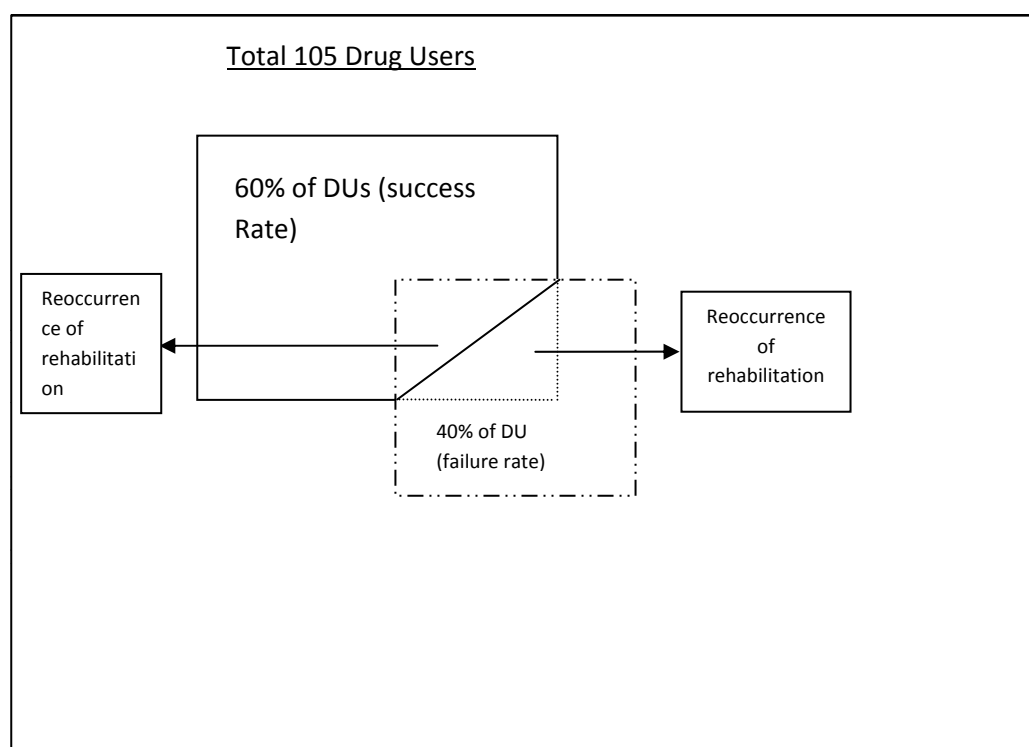
about sex education to IDUs because most of the victims of HIV among IDUs are affected through sexual relationship. Taking into consideration of involving the education of sexuality education to DUs, the rehabilitation center invites the social organization to organize program to impart knowledge about HIV is because rehabilitation for drug concentrate on drug prevention and behavioral modification but do not adequately concentrate and believe drug is the main cause of transmitting HIV. In supporting this view IDU #2 states drug is the main cause of transmitting HIV since sharing is more likely to occur. He further admits that he was not interested in sex when he used to be a chronic injecting drug user. He believe that it is the drug that invite HIV due to the reason that female IDUs are more involved into sexual practice for money to buy drugs and it is the drug that compel them to sexual activities and an easy money to earn.

Moreover, HIV is likely to spread in IDUs when they share injecting equipment with other partners. It is more venerable if the sharing partners include both male and female. Sharing injecting equipments among partners is normal to IDUs even though they claim that they practice safe injecting. In connection to this, IDU #2 states “everybody wants safe injecting but there is a time when IDUs run out of money to purchase an injection then the sharing begins. IDUs claims that they do safe injecting but they actually don’t even if they want to”. It thus indicates that HIV is prominent both by sharing injecting and sexual activities. Since there is no guarantee of hundred percent of success rate in rehabilitating and reshaping the IDUs behavior while taking the failure rate alone it is felt necessary to educate the IDUs not only with the sexuality education but also educating them to practice safe injecting. This however, should not encourage the drug use but should provide knowledge to get prevented and also to prevent others from infections of transmission disease of HIV.

These two educations of safe injecting and sexuality education is necessary because rehabilitation center for drug may be a network to those who falls into not being able to modify their behavior and turn back to drug taking habit again. It would be an opportunity to these IDUs to acquire additional information from other IDUs who have come from different location to rehab. The information may be a valuable source for them to have accessibility to drug from new location and joining new IDU group. At this point, the two stream of education can play a major role from preventing HIV infection. However, rehabilitation center do not have such education that furnish adequately in providing full knowledge about safe sex and safe injecting practice among and between partners.

Furthermore, there are likely chances of DUs returning back to rehabilitation center with involvement in the drugs even they have become successive in rehabilitating their behavior. Moreover, there are still chances of failure group joining the rehabilitation center the next time. The reoccurrence of rehabilitation for drug user can therefore occur to both the successive rate and the failure rate of the rehabilitation center. Figure 3 represents the total drug users of 105 as students in Narconon Nepal enrolled for rehabilitation. Among the 105 drug users as student, the Narconon Nepal claims 60 percent as success and 40 percent as the failure rate. Nevertheless, among the 40 percent failure rate there are chances of few DUs that have chances for reoccurrence of rehabilitation. Moreover, there are also likable chances of DUs among the 60 percent return to drug habit again, which is undeniable. The successive rate alone cannot, however, be concluded that these people will not involve into drugs in their life time. Nonetheless, there is also a chance of reoccurrence of rehabilitation for the successive group.

Figure: 3. Reoccurrence of rehabilitation for both success rate and failure rate.



can be taken into consideration that falls in the bracket of success rate of the rehabilitation center in becoming triumphant to reshape and modify the behavior of IDU in acquiring and construction new knowledge from the training they have received. This IDU group falling in the success rate to modify and reshape their behavior to becoming rational and reasoning human being by constructing new experience with the development of cognitive process of learning, which was considered worst at the time of drug taking period, can thus acknowledge the reasonable rationality of what is wrong and what is right. Whilst taking into consideration of failure rate of the rehabilitation center, especially, those who take the step towards injecting drugs even after reshaping and modifying their behavior, the consequences remains critical. Nevertheless, it can also be dialogued that this failure group who in turns takes the same habit of drug may reflect the knowledge through cognitive conditions that will somehow create awareness to prevent themselves from transmission disease either by safe injecting or safe sexual practice.

The constructivism's philosophy entails that human learning is constructed and build new knowledge upon the foundation of previous learning. Taking this philosophical paradigm into consideration, the IDUs who have learned in the center about modifying their behavior and avoiding unwanted activities acquired through going different eight course book are highlighted into the attention and motor reproduction conditioning process which helps them to share their knowledge with their new sharing partners who haven't so far joined the rehabilitation center.

However, the major concern is for how long these IDU will consider the safe practice of injecting and safe sexual activities. It is, nevertheless, the financial adequacy that guides the IDU to protect from dysfunctional behavior such as, stealing, cheap sex for money to buy drugs, sharing injecting equipments etc. Especially, when female IDUs are indulged in injecting drugs they are likely to fall the victim of HIV through unsafe sexual practice for money to buy drug, and indulging in multiple sexual activities. This may even lead to prostitution business as it is one of the easiest ways to make money for drugs. In supporting this view, Scott (2002) cited in Rajbhandari (2008) states that prostitutes are not equally committed to prostitution business. They involve in prostitution due to various reasons such as deep commitment for financial reason and some are heavily depended upon drug. Female IDUs involved in drug practice and encountered in sexual activities have more likely behavior inclination to involve in prostitution even after reshaping or modifying their behavior in rehabilitation center.

CHAPTER 4

SUMMARY AND IMPLICATION OF THE RESEARCH STUDY

Summary

Education has become a powerful tool in reshaping and modifying the behavior of IDUs. Moreover, Narconon Nepal for drug prevention and rehabilitation center has become successful in modifying the behavior of IDU who come to educate themselves in the center. The center also provides helpful guidelines course book specially designed to impart knowledge to the IDUs about avoiding drugs and dysfunctional behavior. Taking the notion of theoretical perspective of learning behavior for reducing HIV among IDUs, the model significantly proves effective in constructing cognitive process and conditions of learning behavior to the IDUs that benefited the IDUs to modify their behavior and becoming a rational and reasonable human being in separating right from wrong. This reflects the knowledge of filtering their attitude to acknowledge the right choices of understanding and making multiple meaning through constructivism learning. Constructivism learning also has imparted the IDUs to avoid cognitive dissonance through cognitive process and condition learning.

However, formal education which includes health education does not impart knowledge regarding drug and sexual education. This is also the reason that most IDUs are in the bracket of literacy rate and have completed their higher secondary education. Nevertheless, education provided by the rehabilitation center specially

focused on behavioral reshaping has helped to reduce prevalence of HIV among IDUs to those specially who have reshaped and modified their behavior in becoming a rational and reasonable human being. However, the education provided in rehabilitation center is not fully adequate in terms of providing sexuality education which is also a paramount concern in transmitting HIV.

Moreover, the course book designed to educate IDU to reshape their behavior is tremendously valuable in terms of imparting knowledge about preventing drug and rehabilitating behavior. The course includes eight books particularly designed to IDUs education. In addition, IDUs are put to withdrawal stage before beginning the course book education. The withdrawal stage boosts the immune of IDUs to resist drug by supplementing additional vitamins and minerals. The period of withdrawal stage depends upon the IDUs drug taking habit which may last from 6 days to 16 days depending upon how fast and easily the IDUs can enhance their physical and mental capability.

Conclusively, Narconon Nepal for drug prevention and rehabilitation center particularly concentrating on drug prevention and rehabilitation has enriched the IDUs with adequate knowledge to reshape and modify the IDUs behavior. The success rate of Narconon Nepal is sixty percent of the total population of drug users in the center. Regarding education of HIV to IDUs, it is the NGOs who come to the center to impart knowledge of HIV education. This has somehow been able to reduce HIV prevalence among IDUs. Since sexuality education is concerned, book eight has limited exposure, which entails choosing single partner in life and becoming satisfied with what one hold. Therefore, acquiring knowledge from rehabilitation center subsequently contributed in behavioral reshaping and becoming rational human being in terms of rejecting wrong and accepting right. This indicates safe practice of sexual

activities and reject injecting drug even though they involve in drug they somehow eliminate injecting drugs sharing with partners, through cognitive process and cognitive conditions. However, this cognition can last for fewer periods and cannot entail whether IDUs who go back to drug taking will implement such types of measures to prevent themselves from transmission disease like HIV.

Implications

Following implications were drawn to highlight from the research study

1. Despite rehabilitation center is providing education to IDUs, it is not yet enough to meet the adequacy level of imparting knowledge of HIV to the IDUs. Since HIV is paramount through sexual activities IDUs should be educated with HIV information regarding prevention and remedial measures.
2. Most of the IDUs are HIV infected not by sharing injecting equipment alone but also practicing unsafe sex, therefore, education regarding sexuality behavior has also felt to be necessary in the rehabilitation center.
3. Moreover, taking into consideration of failure rate of rehabilitation center indicates that IDUs return back to drug taking habit after rehabilitation. This is critical; however, if these groups are identified and provided with adequate knowledge of preventing HIV through sexual activities and injecting equipment sharing, more of HIV transmission would be controlled.
4. Providing sexuality education to IDUs should also include the measures of preventing HIV through using contraceptives both temporary and permanent.

NEED FOR FURTHER ANALYSIS

Educating IDUs has never been fully understood due to incapability of mental illness and physical depressed caused by the excessive intake of injections and other drugs. However, reshaping and modifying behavior of IDUs to becoming reasonable and rational human being must also not be undermined in circumstances to conclude that they have been successful in fully adopting a life style as a normal human being. These aspects have not been touched in my research study. The research study attempted to explore the changing behavior of the IDUs, however, behavior comparison of IDUs in terms of before taking drugs and after rehabilitation need further analysis. Moreover, reoccurrence of rehabilitation among the successive rate is again a critical factor that nobody can admit and claim that the DUs who have become successful in reshaping and modifying behavior today will not indulge into drugs again in their whole life time period, this therefore, seek for further analysis.

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Interview schedule

Interview scheduled for injecting Drug Users

1. What is your age?
2. Where did you do your schooling from?
3. How long have you been here at the rehabilitation center?
4. What drug were you indulged in?
5. Did you find any changes after you were brought in here?
6. Talk to me about the education you were rendered in your school.
7. Were you taught about safe injecting of drug in your general school education?
8. In your opinion, do you think formal education had helped to practice safe drug use?
9. Did you share your injection with other partners?
10. Talk to me about the education you are receiving in this rehabilitation center.
11. In your opinion, do you think this specific education has helped you?
12. Does the center teach them to practice safe injecting?
13. In your attention have you known anybody turned into becoming a trainer after receiving education here?
14. What does this center do?
15. How were you started with the training at the beginning?
16. So far in your concern have you been able to change yourself?

General interview schedule applicable to all

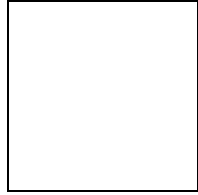
17. Can you tell me something about HIV?
18. Do you know how it can be controlled?
19. Does the specific education in the rehabilitation center include sexuality education?

20. Do you know HIV can be transmitted through sexual relationship?
21. Talk to me about the sexual relationship you had (the IDU have had)
22. Are you (IDU) infected with HIV?
23. What are the lessons taught in the center?
24. HIV is not transmitted through sharing of injecting equipment but also by having sexual relationship with HIV positive people. Talk to me about it if education here includes not only controlling drugs but also controlling HIV.

Interview schedule for the trainers

25. What kind of IDUs comes here? I meant chronics or beginners?
26. Who brings them here?
27. How do you treat these IDUS?
28. Do you insist corporal punishment? Like what?
29. What kind of education do you have for them?
30. How well can these IDU learn?
31. How do you begin with training them?
32. Does the training education have sexuality education included as sex is also one mode of transmitting HIV?
33. In your opinion, do you think that training education that the center is providing has helped the IDU quit taking drugs?
34. Talk to me what exactly is the objective of this rehabilitation center?
35. How sure can you be that the people who had been trained here do not go back to the previous stages of taking drugs again?
36. Have the drug users been able to change their behavior after receiving training here? What changes have you found?
37. Does the center teach them to practice safe injecting?
38. Have any drug users turned into becoming a trainer here?

Photograph of Narconon Nepal for Drug Prevention and Rehabilitation Center



Narconon Nepal for Drug Prevention and Rehabilitation center